

PATENT
Docket No. 015916-301

Applicant: Swanson

Serial No.: 10/727,143

Filing Date: December 2, 2003

Title: Surgical Methods And
Apparatus For Forming Lesions In Tissue
And Confirming Whether A Therapeutic
Lesion Has Been Formed

Group Art Unit: 3739

Examiner: Unassigned

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Sir:

In accordance with 37 C.F.R. § 1.56, the references listed on the attached Form PTO-SB08 are being brought to the attention of the examiner for consideration in connection with the examination of the above-identified patent application. Required copies of the cited documents are enclosed. It is respectfully requested that the examiner indicate consideration of the cited references by returning a copy of the attached form PTO-SB08 with initials or other appropriate marks, and that the references be made of record as cited references in the application.

The filing of this information disclosure statement shall not be construed as a representation that a search has been made (37 C.F.R. § 1.97(g)), as an admission that the information cited is, or is considered to be, material to patentability, or that no other material information exists. The filing of this information disclosure statement shall not be construed as an admission against interest in any manner.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0638. Should such

fees be associated with an extension of time, applicant respectfully requests that this paper be considered a petition therefor.

Respectfully submitted,

March 28, 2006

Date

/Craig A. Slavin/

Craig A. Slavin

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT		<i>Complete if Known</i>	
		Application No.	10/727,143
		Filing Date	12-02-2003
		Inventor	Swanson
		Art Unit	3739
		Examiner	Unassigned
Sheet 1 of 1		Atty. Docket No.	015516-301

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Signature _____ **Date Considered** _____